EXHIBIT C

	Case	.06-10/25-gwz	— Doc 8323-	3 ⊨n	tered 04/20/11 16:4	11:28 Pac	1 0 2 0† 11	
* # *	UNITED STATE	S BANKRUPTCY C ICT OF NEVADA	. 1111		OOF OF CLAIM			
men in the sile					1	AIM IS SCHEDU	LED AS	
Name of Debtor			Case Nu	umber	Schedule/Claim I Amount/Classific			
\	JSA Commercial M	fortgage Compan	ıy	06-107	06-10725-LBR			
						\$12 951 80 Unse	cured	I
This	E See Reverse for List form should not be used ng after the commencem nistrative expense may be	I to make a claim for an ent of the case A rec	n administrative exp quest" for payment		Check box if you are aware that anyone else has filed a proof of claim relating	The amounts refie	ected above constitute vo	ur claim as
Name of Creditor and Address				02006	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim you agree with the amounts set forth herein and have other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Conting Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.		led claim If n and have no need to file w s Contingent, im must be n with the
	itor Telephone Number (` '			court	THIS SPAC	CE IS FOR COURT	USE ONLY
Last	four digits of account or	other number by which	creditor identifies	debtor	Check here repla	a previously	y filed claim dated	
	ASIS FOR CLAIM	_		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted prin	ncipal
\parallel	Goods sold	Personal injury/wr	ongful death	Wages	salaries, and compensation	(fill out below)	Other claims a	gainst service
\f	Services performed Money loaned	☐ Taxes☐ Other (describe bi	riefly)	Last fou	r digits of your SS #		(not for loan bal	ances)
	,			Onpaid (compensation for services pe	eriormea irom	to	(date)
2 D/	TE DEBT WAS INCUR	RED		3 IF C	OURT JUDGMENT, DATE O	DBTAINED	(date)	(Gate)
1	ASSIFICATION OF CLA		ate box or boxes that	best descri	be your claim and state the amou	nt of the claim at th	e time case filed	
	e reverse side for important ECURED NONPRIORIT	•			SECURED CLAIM			
	Check this box if a) there is exceeds the value of the proentitled to priority	no collateral or lien securi	ng your claim or b) yone or only part of you	our claim r claim is	a right of setoff)		ired by collateral (incl	uding
	ECURED PRIORITY CL	AIM		***	Brief description of	_		
	Check this box if you have a entitled to priority	in unsecured claim all or p	art of which is		Real Estate Value of Collateral		e 📙 Other	
	Amount entitled to priority	\$	- W- 14		Amount of arrearage a	T	at time case filed in	cluded in
	Specify the priority of the cla				secured claim, if any			
1	Domestic support obligations				Up to \$2 225* of deposits toward	rd purchase lease	or rental of property or	
	Wages salaries or commiss before filing of the bankrupto	by petition or cessation of the	ned within 180 days ne debtor's	_	services for personal family of Taxes or penalties owed to go			
	business whichever is earlie	er 11 U S C § 507(a)(4)		-	Other Specify applicable para			
	Contributions to an employe	e benefit plan 11 U S C	§ 507(a)(5)		* Amounts are subject to adjus	tment on 4/1/07 an	d every 3 years thereafte	er
5 TC	TAL AMOUNT OF CLA	JM \$	¢		with respect to cases commend	ced on or after the	date of adjustment	d 52
A.	T TIME CASE FILED	<u> </u>	cured) Ψ	. *(s	secured) 12- 75	(nnonty)	_ \$ _/489/C	142 05
*					amount of the claim Attach ite			nal charges
7 St	JPPORTING DOCUM nning accounts contract	IENTS <u>Attach copies</u> ts, court judgments mo	of supporting docu ortgages security a	<i>iments,</i> su agreemen	deducted for the purpose of r uch as promissory notes, pur ts and evidence of perfection are voluminous attach a su	chase orders inv	oces itemized state	ments of
8 D /	ATE-STAMPED COP' oof of claim	Y To receive an ackr	nowledgment of the	e filing of y	our claim, enclose a stampe	d self addresse	d envelope and copy	of this
fo go	CCEPTED) so that it is r each person or entity overnmental units)	actually received on o	or before 5 00 pm	, prevailii corporatio	or hand delivered (FAXES) ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13. 2006	THIS SPACE FO USE ON	LY
Bi	MAIL TO MC Group			BY HAND I BMC Gro	OR OVERNIGHT DELIVERY TO up		USA CM	
Р	tn USACM Claims Dock O Box 911	_		1330 Eas	CM Claims Docketing Cente t Franklin Avenue	r	107250054	22 (13 311 9
-	Segundo CA 90245 09				do CA 90245			
DATE	10-4-06	this claum (attach co	and title if any of the opy of power of attorned	creditor or ey if any)	other person authorized to file	FIL	ED OCT 11	2006

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT DI	STRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S 06-10725-LBR	RECEIVED
NOTE: This form should not be used to make a claim for an administration of the case. A "request" for payment of an administrative expense may be	filed pursuant to 11 U.S.C. § 503.	1
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else has filed a proof of	3 41 (11 09)
CARDWELL FAMILY TRUST C/O JAMES B. CARDWELL & REBA		(1) 查看文色相译符号等。并写《2016年 1000年 1900年 190
Name and address where notices should be sent:	☐ Check box if you have never	ALKAN .
c/o Michael J. Dawson, Esq.	received any notices from the bankruptcy court in this case.	
515 South Third Street Las Vegas, NV 89101	Check box if the address differs	Mag
Telephone number: (702) 384-1777	from the address on the envelope sent to you by the court.	This space is for court use only
Account or other number by which creditor identifies debtor: s31670	Check here replaces if this claim amends a previ	ously filed claim, dated:
1. Basis for Claim		0.0.0.1114()
Goods sold Services performed	Retiree benefits as defined in 11 U Wages, salaries, and compensation	
Money loaned	Last four digits of SS #: Unpaid compensation for ser	vices performed
Personal injury/wrongful death Taxes	from to	· · · · · · · · · · · · · · · · · · ·
Other	(date)	(date)
2. Date debt was incurred: Various	3. If court judgement, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ \$2,329.94	\$3,224,465.88	3,226,795.82
(unsecured If all or part of your claim is secured or entitled to priority, also	, , ,	(Total)
Check this box if claim includes interest or other charges in add	ition to the principal amount of the claim. Attach	temized statement of all
interest or additional charges. 5. Secured Claim.	7. Unsecured Priority Claim.	
	Check this box if you have an	unsecured priority claim
Check this box if your claim is secured by collateral (including a right of setoff).	Amount entitled to priority \$	
Brief Description of Collateral:	Specify the priority of the clai	m: ons (up to \$4,925),* earned within 90
☐ Real Estate ☐ Motor Vehicle	days before filing of the bank	ruptcy petition or cessation of the
Other	· [is earlier - 11 U.S.C. § 507(a)(3). benefit plan - 11 U.S.C. § 507(a)(4).
Value of Collateral: \$ Unknown		ward purchase, lease, or rental of
Amount of arrearage and other charges at time case filed included in	property or services for person § 507(a)(6).	nal, family, or household use - 11 U.S.C.
secured claim, if any: \$	Alimony, maintenance, or su	pport owed to a spouse, former spouse
6. Unsecured Nonpriority Claim \$ \$2,329.94	or child - 11 U.S.C. § 507(a)	
Check this box if: a) there is no collateral or lien securing your	Other - Specify applicable po	overnmental units - 11 U.S.C. § 507(a)(8). ragraph of 11 U.S.C. § 507(a)().
claim, or b) your claim exceeds the value of the property securing it, if c) none or only part of your claim is entitled to priority.	or	nt on 4/1/07 and every 3 years thereafter with
	respect to cases commenc	ed on or after the date of adjustment.
8. Credits: The amount of all payments on this claim has been credited this proof of claim.	and deducted for the purpose of making	This space is for court use only
9. Supporting Documents: Attach copies of supporting documents		
orders, invoices, itemized statements of running accounts, contracts, c agreements, and evidence of perfection of lien. DO NOT SEND ORIG not available, explain. If the documents are voluminous, attach a sumr	INAL DOCUMENTS. If the documents are	
To receive an acknowledgement of the filit addressed envelope and copy of this proof of claim.		
	if any, of the creditor or other person authorized t	
this claim (attach egpy of power 11-13-06	f attorney, if any): Michael J. Dawson, Attorney for Claimant	USA CMC

FC3M B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			
Nam of Dehtor Case Number	PROOF OF CLAIM			
USA Commercial Mortgage Company 06-10725				
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the cise. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property) CASEY FAMILY TRUST Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars				
Name and address where notices should be sent CASEY FAMILY TRUST Check box if you have never received any notices from the bankruptcy court in this				
the court	THIS SEACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor Check here replaces identifies debtor if this claim amends a previously filed c	claim dated			
1 Basis for Claim □ Retiree benefits as defined in 11 U □ Goods sold □ Wages salaries and compensation □ Services performed Last four digits of your SS # □ Money loaned Unpaid compensation for services □ Personal injury/wrongful death fromto_ □ Taxes Other ✓ Other Loan Service	on (fill out below)			
2 Date debt was incurred 3 If court judgment, date obtained				
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case file See leverse side for important explanations. CONTINGENT Unsecured Nonpriority Claim \$150,000				
onterest or additional charges 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim	IS SEACE IS TOR COURT USE ONLY			
7 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary. 8 Date Stamped Copy. To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim. Date. Sign and print the name and title if any of the creditor or other person authorized to USA CM.				
Nov 7 file this claim (attach copy of power of attorney if any) By By Its Richard F Cases III Trustee of the Cases Family two	1072501233			

	DDC	OOF OF CLAIM	i	
	PIC	JOP OF CLAIM		
Name of Debtor	Case Nu	ımber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request" for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address CLARK, DONALD 305 W MOANA LANE RENO NV 89509 Creditor Telephone Number ()	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	WHOSE LOAN IS DEBTORS YOU DO OF CLAIM THIS I BORROWER HELI DO NOT FILE THIS SECURED INTERI ONE OF THE DEB If you have aire Bankruptcy Court of	OWED MONEY BY A BORRON BEING SERVICED BY THE O NOT HAVE TO FILE A PROO NCLUDES MONEY FROM THA' D IN THE COLLECTION ACCOL S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS STORS ady filed a proof of claim with the OF BMC you do not need to file a
Last four digits of account or other number by which creditor identifies	debtor	TTV ranks	L	
-		check here of this claim amer		filed claim dated 9-1-01
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S.	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salanes and compensation ((fill out below)	Other claims against ser (not for loan balances)
Services performed Taxes Money loaned Other (describe briefly)		ir digits of your SS # compensation for services pe	erformed from	(not for loan balances)
INTEREST DUE.	Pripaid	compensation for services pe	monned non	(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE (
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations	at best desc		ount of the claim at the	ne time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM THE Check this box if y	our claim is secur	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or be exceeds the value of the property securing it or if c) none or only part of the property securing it or if c) and the property securing it or if c) an		- webt of cotoff		,
entitled to priority UNSECURED PRIORITY CLAIM		Brief description o		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collatera		
Amount entitled to priority \$		Amount of arrearage a secured claim if any		at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits tov	vard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 day	ys -	services for personal family	or household use -1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	L T	Taxes or penalties owed to g Other - Specify applicable pa		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	•	* Amounts are subject to adju with respect to cases comme	ustment on 4/1/07 a	data of advatment
5 TOTAL AMOUNT OF CLAIM \$ \$		\$ 775	918,76	\$ 75 pt /1-30-06
AT TIME CASE FILED (unsecured)		(secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to	the princip	al amount of the claim Attach if	temized statement	of all interest or additional charg
6 CREDITS The amount of all payments on this claim has been of SUPPORTING DOCUMENTS Attach copies of supporting documents contracts court judgments, mortgages security DOCUMENTS If the documents are not available explain. If the BATE-STAMPED COPY To receive an acknowledgment of	ocuments, y agreeme e documen	such as promissory notes pu ints and evidence of perfection its are voluminous attach a s	irchase orders inv on of lien DO NO ummary	voices itemized statements of OT SEND ORIGINAL
proof of claim The original of this completed proof of claim form must be so	ent by mai	l or hand delivered (FAXES	NOT	THIS SPACE FOR COL
ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships	ım, prevai	ling Pacific time, on Novem	iber 13, 2000	USE ONLY
governmental units)		ID OR OVERNIGHT DELIVERY	TO FILEN	DEC 0 8 2006
BY MAIL TO BMC Group Atto USACM Claims Docketing Center	BMC G		r FILED	
Attn USACM Claims Docketing Center P O Box 911	1330 E	ast Franklin Avenue undo CA 90245	·	USA CMC
DATE SIGN and print the name and title if any o	f the credito	r or other person authorized to file	e	1072501601
this paim (attach copy of power of at	ttorney if an	у)		101200100

FORM B10 (SHISSA FIGHT 107 (FORM)/Z Doc 8323-3 Entered 04/20/11 16:41:28 Page 6 of 11

United States Bankruptcy Court	Dis	RICT O	F Nevada	DDOOF OF CLAIM	
Name of Dubtor USA CAPITOL MORTGAGE COMPAN	PROOF OF CLAIM				
NOTH This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense m					
Name of Creditor (The person or other entity to whom the dubtor owes DONALD P CLARK, TRUSTEE OF THE DONALD P CLARK FAMILY TRUST	eise i your	has filed claim A g particu	you are aware that anyone a proof of claim relating to attach copy of statement illars you have never received an		
Name and address where notices should be sent DONALD P CLARK, TRUSTEEE OF THE DONALD P CLARK FAMILY TRUST	notice case Check	es from the ss on the	the address differs from the e envelope sent to you by	S	
Telephone number Last four digits of account or other number by which creditor identifies debtor 3255 /or 2749	Chec	k here s claim	replaces	filed claim dated	
Retiree benefits as defined in 11 Goods sold Services performed Money loaned Personal must/sycropeful death Retiree benefits as defined in 11 Wages salaries, and compensation for service Unpaid compensation for service			n II U S C § III4(a) nsation (fill out below) # ervices performed		
2. Date debt was incurred 12/1/03	3	If cour	rt judgment, date obtain	ed	
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 559,011.56 Check this box if a) there is no collateral or lien securing you only part of your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority \$	which is	Amour secured Up to \$2 or service \$ 507(a) Taxes or Other - Sounds are	Chaim Check this box if your claim of setoff) Brief Description of Collate Moto Value of Collateral \$_U\$ nt of arrearage and other check the claim if any \$_6,455. 225* of deposits toward per for personal family or (7) penalties owed to governing Specify applicable paragrage subject to adjustment on the check the collaboration of the check the collaboration of the check the collaboration of the check th	eral or Vehicle Other— Inknown narges at time case filed included in 5.16 Durchase, lease, or rental of property household use - 11 U S C nental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter in or after the date of adjustment	
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ad		559,01 (unsecure	ed) (secured)	559,011 56 (priority) (Total)	
interest or additional charges 6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped addressed envelope and copy of this proof of claim. Date: Sign and print the name and title, if any, of the creditor or other person authorized to					
file this claim (attach copy of power of atto	USA CMC 1072502393				

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	1	OOF OF CLAIM	41:28 Page 7 of 11
Distance Of Regular			YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Nu	umber	Schedule/Claim ID s31239
USA Commercial Mortgage Company	06-10	725-LBR	Amount/Classification
l cort commercial mortgage company	00-10	720-EDN	\$25 903 59 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exarising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as
Name of Creditor and Address DONALD P CLARK FAMILY TRUST DATED 10/25/94 C/O DONALD P CLARK TRUSTEE 305 W MOANA LN RENO, NV 89509 4924 Creditor Telephone Number () 775 - 928 - 3355	000467	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have rother claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Continger Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor		
CLIENT ID 2749		Check here replace or amer	
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries, and compensation ((fill out below) Other claims against servi
Services performed Taxes	Last fou	r digits of your SS #	9536 (not for loan balances)
Money loaned Unother (describe briefly)	Unpaid o	compensation for services pe	
2 DATE DEBT WAS INCURRED 6-30-05	3 IF C	OURT JUDGMENT, DATE C	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	be your claim and state the amoui	nt of the claim at the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim ir claim is	a right of setoff)	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	
Check this box if you have an unsecured claim all or part of which is		Real Estate	
entitled to priority Amount entitled to priority \$		Value of Collateral	
***************************************			nd other charges <u>at time case filed</u> included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	F		777247
Wages salaries or commissions (up to \$10 000)* earned within 180 days	<u>L</u>		ard purchase lease or rental of property or or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov	vernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)			agraph of 11 U S C § 507(a) ()
300/(4)/(4)			stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	709	,01156 \$	\$ 709.011.56
AT TIME CASE FILED (unsecured)	(5	secured)	(pnority) (Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	emized statement of all interest or additional charges
CREDITS The amount of all payments on this claim has been cre SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the composition of claim. B DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	uments, su agreemen documents e filing of y	uch as promissory notes pure its and evidence of perfection is are voluminous, attach a su your claim enclose a stampe	chase orders invoices, itemized statements of n of lien DO NOT SEND ORIGINAL immary ed, self addressed envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm	t by mail	or hand delivered (FAXES)	
for each person or entity (including individuals, partnerships,	corporation	ons, joint ventures, trusts a	oer 13, 2006 USE ONLY
governmental units) BY MAIL TO BMC Group		OR OVERNIGHT DELIVERY TO	Tried Lare
Attn USACM Claims Docketing Center	Attn USA	up ACM Claims Docketing Cente	r 9/25/2006
P O Box 911 El Segundo CA 90245 0911	1330 Eas	t Franklın Avenue	1,700
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	creditor or	do, CA 90245 other person authorized to file	USA CMC
			1072500231

Cas	e 06-10725-awz Doc 832	23-3 Er	ntered 04/20/	11 16 :4	41:28 Pag	ge 8 of 11
UNITED STATE	ES BANKRUPTOY COURT RICT OF NEVAGA	PRO	OOF OF CL			
Name of Debtor		Case Nu	mber			
45A CHMERGI	AL MORTGREE COMPANY	06.	- 10725-1	BR		
This form should not be used arising after the commencer	t of Debtors and Case Numbers d to make a claim for an administrative enent of the case A "request" for paymer be filed pursuant to 11 U S C § 503 Address	nt of an	Check box if you aware that anyone el filed a proof of claim to your claim. Attach statement giving part	lse has relating reopy of		
C/O ALLEN 598 ALAWA	LY TRUST DATED 4/23/90 HERD AND MARILYN HERD TRUSTEE		Check box if you never received any in from the bankruptcy BMC Group in this ca	otices court or ase		IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT BTORS
			Check box if this differs from the address envelope sent to you court	ess on the	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
	(209 736 - 4974 other number by which creditor identifie	e debtor				E IS FOR COOK! OSE CINL!
	Carlot Hambor by Willott Grounds Identified	os debior	Check here if this claim	replac or amen	a previously	filed claim dated
1 BASIS FOR CLAIM	—	Retiree k	enefits as defined i	n 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes	_	salaries and compe		fill out below)	Other claims against servicer (not for loan balances)
Money loaned	✓ Other (describe briefly) SEE EXTENT A	Unpaid o	compensation for se	ervices pei	rformed from	to (date) (date)
2 DATE DEBT WAS INCUR	RRED 6/2/05	3 IF C	OURT JUDGMENT	, DATE O	BTAINED	
	_AIM Check the appropriate box or boxes t	that best descr	ibe your claim and stat	te the amo	unt of the claim at t	he time case filed
See reverse side for importan	· · · · · · · · · · · · · · · · · · ·		SECURED CI	LAIM		
Check this box if a) there	ITY CLAIM \$ LINE 4 EX.A is no collateral or lien securing your claim or property securing it or if c) none or only part of		Check the		our claim is secur	red by collateral (including
entitled to priority			Brief desc	cription of	collateral	
UNSECURED PRIORITY CI	LAIM an unsecured claim all or part of which is		Real E	Estate [Motor Vehicle	Other
entitled to priority	an unsecured claim air or part of which is		Value of (Collateral	\$ 00	MNOWN
Amount entitled to priority Specify the priority of the c	\$				nd other charges	at time case filed included in
Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B	_	Up to \$2 225* of de	posits towa	ard purchase lease	or rental of property or 1 U S C § 507(a)(7)
before filing of the bankrup	issions (up to \$10 000)* earned within 180 da otcy petition or cessation of the debtor's	ays		-		11 U S C § 507(a)(8)
<u></u>	rlier - 11 U S C § 507(a)(4)		Other - Specify app			
Contributions to an employ	yee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to case			d every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	AIM \$ LN 4 EXA \$	LN 4	EXA \$			\$ LN4EXA
	(unsecured) ludes interest or other charges in addition to	•	secured) amount of the claim	Attach ite	(priority) mized statement o	(Total) f all interest or additional charges
7 SUPPORTING DOCUI	of all payments on this claim has been c MENTS <u>Attach copies of supporting do</u> cts court judgments mortgages, securit	ocuments, su ty agreement	ich as promissory n s, and evidence of p	iotes puro perfection	chase orders inventor of lien DO NO	oices itemized statements of
1	cuments are not available explain. If the PY To receive an acknowledgment of				•	envelope and copy of this
ACCEPTED) so that it is	npleted proof of claim form must be sissectives actually received on or before 5 00 pty (including individuals, partnerships	om, prevailir s, corporatio	ig Pacific time, on ns, joint ventures,	Novembe trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Doo P O Box 911	•	BMC Gro Attn USA 1330 Eas	CM Claims Docketi t Franklin Avenue		FILE	D JAN 11 2007
El Segundo, CA 90245-0	SIGN and print the name and title if any or		do CA 90245	rad to Et-		
1/9/07	this claim (attach copy of power of at	torney if any)	r other person authoriz	Leu (O 1116		USA CMC
	Lucien 14C	-, 1,	-eville			

FORM B10 (Official Form 10) (10/05)			(Protective)				
UNITED STALLS BANKRUFTCY COURT	District	or Nevada	PROOF OF CLAIM				
Name of Debtor USA Commercial Mortgage Co	Case Numbe	06-10725-LBR	TROOF OF GEARM				
NOTH This form should not be used to make a claim for an admini- of the clist. A "nequest for payment of an administrative expense in							
Name of Creditor (The person or other entity to whom the dubtor owns manually or property)	else has fil your clain	if you are aware that anyone led a proof of claim relating to n Attach copy of statement					
Norman Kıven	giving par						
Name and address where notices should be sent Andrew J. Abrams, Esq., Sugar, Friedberg & Felsenthal LLP 30 N. LaSalle St., Ste. 3000, Chicago, IL 60602	notices fro	t if you have never received at om the bankruptcy court in the t if the address differs from the title envelope sent to you by	:				
Telephone number 312-704-9400	the court.		THIS SPACELIS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies debtor		e replaces m amends a previously	filed claim, dated				
I Basis for Claim Goods sold Services performed Money loaned (See Rider) Personal injury/wrongful death	0	Retiree benefits as defined Wages salaries, and compe Last four digits of your SS Unpaid compensation for s from	nsation (IIII out below) #ervices performed				
☐ Taxes ☐ Other —————		(date)	(date)				
2 Date debt was incurred 2004 - 2006	3 If e	ourt judgment, date obtain	red				
4 Classification of Claim Check the appropriate box or boxes to See reverse side for important explanations Unsecured Nonpriority Claim \$	which is which is An sec or s 50 Taxe in 180 Othe (or's *Amount, with (us)	Cured Claim (Protective Check this box if your claim ight of setoff) Brief Description of Colla Real Estate Mot Value of Collateral SL mount of arrearage and other coured claim, if any Sured claim, if any	re/See Rider) m is secured by collateral (including leral or Vehicle Other————————————————————————————————————				
interest or additional charges. 6 Credits The amount of all payments on this claim has been			This Stract is for Court Use Only				
making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary See Rider 8 Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-							
addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of the creditor or other person authorized to fight this claim (attach copy of power of attorney, if any)							
11/09/01							

FORM B10	(Official Form	10) (10/05)
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UNITED STATES BANKRUPTCY COURT	Die	TRICT OF	Nevada			
			ricyaua	PROOF OF CLAIM		
Name of Debtor USA Commercial Mortgage Co	Case	Number	06-10725-LBR			
NOTE. This form should not be used to make a claim for an administrative expense ma						
Name of Creditor (The person or other entity to whom the			u are aware that anyone proof of claim relating to			
dubtor owes money or property)	you	claim Atti	ach copy of statement			
Norman Kıven	_	ig particular	s u have never received an			
Name and address where notices should be sent Andrew J Abrams Esq., Sugar, Friedberg & Felsenthal LLP	noti	es from the	bankruptcy court in this			
30 N LaSalle St., Ste. 3000, Chicago, IL 60602	case		address differs from the			
Telephone number 312-704-9400	addi the	ess on the e court.	nvelope sent to you by	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor		ck here 🔲 is claim 🔲		iled claim dated		
1. Basis for Claim			ree benefits as defined i			
☐ Goods sold ☐ Services performed		☐ Wag	es salaries, and comper four digits of your SS #	isation (fill out below)		
☐ Money loaned			aid compensation for se			
Personal injury/wrongful death Taxes		from	I	_ to		
☐ Taxes ☐ Conversion (See Rider)			(date)	(date)		
2. Date debt was incurred 2006	3	If court j	judgment, date obtain	ed		
4 Classification of Claim. Check the appropriate box or boxes th	at best des	enbe your c	claim and state the amou	nt of the claim at the time case filed		
See reverse side for important explanations Unsecured Nonpriority Claim 5		Secured	Claim			
	releim or	□ Ch	eck this box if your claim	n is secured by collateral (including		
Check this box it a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or		ef Description of Collete	era)		
Unsecured Priority Claim			Real Estate Moto	or Vehicle Other		
M Check this box if you have an unsecured claim ail or part of we entitled to priority	vhich is		lue of Collateral \$			
Amount entitled to priority \$48,248 00(+)			of arrearage and other ch	narges <u>at time case filed</u> included in		
Specify the priority of the claim		Up to \$2,2	25* of deposits loward r	ourchase, lease, or rental of property		
Domestic support obligations under 11 USC § 507(a)(1)(A) o (a)(1)(B)		or services § 507(a)(7)	for personal family, or)	household use - 11 U S C		
Wages, salacies, or commissions (up to \$10,000) * earned within	AS1 m			nental units - 11 U S C § 507(a)(8)		
days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U S C § 507(a)(4)	or's es	•		oh of 11 USC. § 507(a)(_2_) *		
☐ Contributions to an employee benefit plan - II U S C. § 507(a		with respec	supject to adjustment on : It to cases commenced of	4/1/07 and every 3 years thereafter n or after the date of adjustment		
5 Total Amount of Claim at Time Case Filed.		48,248(+)		48,248(+) 48,248(+)		
Check this box if claim includes interest or other charges in add interest or additional charges.	lition to th	(unsecuted) e principal i	(secured) emount of the claim. Att	(priority) (Total) such itemized statement of all		
6 Credits The amount of all payments on this claim has been making this proof of claim	credited a	nd deducted	d for the purpose of	THIS SPACE IS FOR COLLET USE ONLY		
	ents, such :	as promisso	orv notes, purchase			
orders, invoices, itemized statements of running accounts contra	ED NON I 9 YOUR					
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security FILED NOV 1 5 200 agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary See Rider						
8 Date-Stamped Copy To receive an acknowledgment of the fil						
addressed envelope and copy of this proof of claim						
Date Sign and print the name and title, if any, of t file/this claim (attach copy of power of attor	he creditor ney, if any	or other pe	erson authorized to	USA CMC		
Marc Kiven, As Attorney in Fact for Norman Kiven						

DISTRICT OF NEVADA	PRC	OF OF CEAIM?	1.20 Fay	C 11 01 11
Name of Debtor	Case Nu	mber		
Name of Debtor USA Commercial Mortgage Company		25-LBR	1	
oom commential wortgage company	00-10/	LV-LUI\		
NOTE See Reverse for List of Debtors and Case Numbers		Charleton (
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment		Check box if you are aware that anyone else has	IP 3/011 4	VOMES HOUSEVEY
administrative expense may be filed pursuant to 11 U S C § 503		to jour chair. I made, copj c.	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Crediter and Address		statement giving particulars	DEBTORS YOU D	OO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
MARCIA , KNOX LIVING		Check box if you have		D IN THE COLLECTION ACCOUNT
FRUST DATED 8/16/04 C/O MARCIA J KNOX TRUSTEE	1	never received any notices from the bankruptcy court or		S PROOF OF CLAIM FOR A
1885 VINTNERS PL		BMC Group in this case		EST IN A BORROWER THAT IS NOT
RENO NV 89509 8334	Ì	Check box if this address differs from the address on the		eady filed a proof of claim with the
		envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number (775) \$26 9/45 Last four digits of account or other number by which creditor identifies	debtor			E IS FOR COURT USE ONLY
	GEDIOL	Check here replace or if this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIN	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salanes and compensation (1		Other claims against servicer
Services performed Taxes		digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid c	compensation for services per	rformed from	to
ANCHER B. BAY POMPAND BJACH, GAT 2 DATE DEBT WAS INCURRED 6/2/05/6/2/05/11/21/0	CW144	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate boy or boxes the		 		he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)) vour claim		our claim is secur	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of y		a right of setoff)		•
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other
entitled to priority		Value of Collateral	· ——	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges \$ \(\mathcal{L}\	at time case filed included in
Domestic support of ligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits toward		
Wages salaries or ommissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors	rs –	services for personal family of Taxes or penalties owed to go	or household use -1	1 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)	Ė	Other Specify applicable para		•
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	5	* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$		\$		\$ UNKYUWY
AT TIME CASE FILED (unsecured)	(5	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to t	the principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre	edited and c	leducted for the purpose of m	naking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting doc	<i>cuments,</i> su	uch as promissory notes pure	chase orders, inv	oices itemized statements of
running accounts contracts court judgments, mortgages, security DOCUMENTS If the documents are not available explain. If the				I SEND ORIGINAL
DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				l envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	m, prevailin	ng Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	,	
BMC Group Attn USACM Claims Docketing Center	BMC Gro			anne o o
P O Box 911	1330 Eas	st Franklin Avenue	EII EN	DEC 0 8 2006
El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the		do CA 90245 r other person authorized to file	TILLU!	
this claim (attach eopy of power of atto)	omey If any)	ortho Malona Co	Ludux	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonm MARCIA T KHOX TRUSTE	nent for up to	5 years or both 18USC §§ THE MARCIAIT IS	152 AND 3571 1140XT1241 X	1072501635
INFREIT & KNOC 1.Cana	- / -	ivic in interest for	7-7-11	-